N.C. Department of Environmental, Health, and Natural Resources
Division of Laboratory Services
State Laborabory of Public Health
P.O.Box 28047 - 4312 District Drive

Raleigh, NC 27611-8047 919-733-7308

DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #:	<u>37501</u>	County:	ALAMANCE
Water System ID #:	02-01-589	_	
Name of System:	BELLEMONT FOOD STORE		
Sample Type:	5 (1 = Routine; 2	= Repeat; 3 = F	Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE:	03/09/16	TIME: 12:0	08 PM
Location where collected:	hand wash sink		
Location Type:	(1 = Entry Tap;	2 = General Ta	ap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code:	HW1	Collected By	/: BLAIR MURRAY
FOR REPEAT SAMPLE:			FOR REPLACEMENT SAMPLE:
Previous Positive Loca	tion Code:		Original Sample Type:
Positive Collection Date	e:		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)
Time	 e:		Original Collection Date:
Proximity:			Time
(1 = Same; 2 = Upstream	; 3 = Downstream)		
Mail Results To:			Type of Supply:
WINSTON SALEM R	EGIONAL OFFIC	E	Community NTNC
450 WEST HANES N	ALL RD STE 300		Non-Community Private
WINSTON SALEM, NC 27105 Type of Treatment: Chlorinated			
Non Oblasia			Non-Chlorinated
Telephone No. 3367715000			Free Chlorine Residual:
EIN #: 566000372X			Total Chlorine Residual:
	DECLUITO		INIVALID CODES
	RESULTS		INVALID CODES
CONTAMINANT METHO	DD PRESENT	_	INVALID 1) Confluent Growth/No Coliform Found
Total Coliform 9223E	<u> </u>	X	2) TNTC/No Coliform Found 3) Turbid Culture/No Coliform Found
Fecal/E. Coli	⊔	<u> </u>	4) Over 30 Hours Old
Heterotrophic P.C.	(number)	/ml	5) Improper Sample or Analysis
Repeat Samples Required			Replacement Samples Required
Date Analysis Begun: 03/10/16			Time Analysis Begun: 08:20 AM
Date Analysis Completed:03/11/16			Time Analysis Completed: 08:20 AM
Laboratory Log #:			Certified By: Susan Beasley
COMMENTS: Special /	Non-compliance (SP)	, System Type:	TNC, Water Source: GW